

## **Comparison of Different Staff Approaches to Completing DDS Assessment Tool (SIS) DRAFT V1 1.8.2019**

### **Purpose:**

The table below compares different approaches to completing assessments that inform funding for DDS HCBS services. This comparison assumes that the assessment instrument will be the SIS with supplemental questions. This comparison does not directly address the development of a person-centered plan.

### **Criteria:**

The table below uses criteria that were initially generated at a meeting of DAIL staff. The criteria and the table merit further review by a broader group of stakeholders.

### **Ratings:**

Ratings reflect the content of each assessment approach related to the stated criteria. The ratings do not directly address the needs assessment tool itself, or a resource allocation process that may be developed to use the assessment information.

#### Rating key:

- 0 – does not meet criteria
- 1 – somewhat meets criteria
- 2 – mostly meets criteria
- 3 – completely meets the criteria

| Criteria   | DA/SSA provider staff | DAIL staff | Contractors (RFP) | Other state staff | ACO staff |
|--|-----------------------|------------|-------------------|-------------------|-----------|
| Objective; reduces unnecessary subjectivity  |                       |            |                   |                   |           |
| Supports consistent/equitable determination of level of need/support   |                       |            |                   |                   |           |
| Conflict of interest: reduces conflict of interest, complies with CMS conflict-free case management requirements                               |                       |            |                   |                   |           |
| Approach is used by other states   |                       |            |                   |                   |           |
| Allows for viewpoints from multiple people vs. single viewpoint  |                       |            |                   |                   |           |
| Allows for individualization (person-centered)   |                       |            |                   |                   |           |
| Person's team members can participate in assessment  |                       |            |                   |                   |           |
| Assessor has prior knowledge of the assessee and/or assessment has the potential to be influenced by assessor's knowledge/perception of person |                       |            |                   |                   |           |
| Ease of coordination with the intake/eligibility process   |                       |            |                   |                   |           |
| Single point of accountability   |                       |            |                   |                   |           |
| Ability to conduct assessment in a consistent timely manner  |                       |            |                   |                   |           |
| Ability to maintain a well-trained assessors   |                       |            |                   |                   |           |
| Ease of supervision and training of the program  |                       |            |                   |                   |           |
| Ability to maintain consistency across assessors   |                       |            |                   |                   |           |
| Validity and reliability enhanced by limited number of assessors   |                       |            |                   |                   |           |
| Technical Assistance needs reduced by limited number of assessors  |                       |            |                   |                   |           |
| Cost of licenses (fewer assessors = lower costs)   |                       |            |                   |                   |           |
| Cost of fees (each assessment has a fee)   |                       |            |                   |                   |           |
| Costs of initial 'ramp-up' of assessors (fewer assessors = lower costs)  |                       |            |                   |                   |           |
| Costs of ongoing assessments, first three years (90/10 for state only, possibly)   |                       |            |                   |                   |           |
| Costs of ongoing assessment, beyond three years (local agency medicaid service rate vs. state rate TBD)  |                       |            |                   |                   |           |
| Approach is similar to current approach, ie easier transition  |                       |            |                   |                   |           |
| Potential incentive to overstate needs   |                       |            |                   |                   |           |
| Potential incentive to understate needs  |                       |            |                   |                   |           |
| <b>Total</b>   |                       |            |                   |                   |           |

**DA/SSA staff**

| 😊 Pros | Cons 😞 |
|--------|--------|
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |

**DAIL staff**

| 😊 Pros | Cons 😞 |
|--------|--------|
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |

**Contractors**

| 😊 Pros | Cons 😞 |
|--------|--------|
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |
|        |        |

**Other Comments/Questions:**

DRAFT